

SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:
Bayfield County
Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138

APPLICATION FOR PERMIT
BAYFIELD COUNTY, WISCONSIN



Permit #:	20-0348
Date:	12-22-20
Amount Paid:	\$175 11-12-20 cc
Refund:	

INSTRUCTIONS: No permits will be issued until all fees are paid.
Checks are made payable to: Bayfield County Zoning Department.

DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

Original Application MUST be submitted

FILL OUT IN INK (NO PENCIL)

TYPE OF PERMIT REQUESTED →		<input type="checkbox"/> LAND USE		<input type="checkbox"/> SANITARY		<input type="checkbox"/> PRIVY		<input type="checkbox"/> CONDITIONAL USE		<input checked="" type="checkbox"/> SPECIAL USE		<input type="checkbox"/> B.O.A.		<input type="checkbox"/> OTHER	
Owner's Name: ROBERT G & PATRICIA A SYROMBERG LE				Mailing Address: 72920 STATE HWY 13				City/State/Zip: ASHLAND, WI 54806				Telephone: (715) 373-0325			
Address of Property:				City/State/Zip:				Cell Phone: 715-292-1365				Plumber Phone: NA			
Contractor: ASHLAND CONSTRUCTION, INC				Contractor Phone: 715-682-4884				Plumber: NA				Plumber Phone: NA			
Authorized Agent: (Person Signing Application on behalf of Owner(s))				Agent Phone:				Agent Mailing Address (include City/State/Zip):				Written Authorization Attached <input type="checkbox"/> Yes <input type="checkbox"/> No			
PROJECT LOCATION		Legal Description: (Use Tax Statement)						Tax ID# 99		Recorded Document: (Showing Ownership) 2015R 560761					
1/4, 1/4		Gov't Lot 1		Lot(s)		CSM		Vol & Page		CSM Doc #		Lot(s) #		Block #	
Subdivision:		Section 19		Township 48 N		Range 04 W		Town of: BARKSDALE		Lot Size		Acreage 3.342			

<input checked="" type="checkbox"/> Shoreland →	<input type="checkbox"/> Is Property/Land within 300 feet of River, Stream (incl. Intermittent) Creek or Landward side of Floodplain? If yes---continue →	Distance Structure is from Shoreline : _____ feet	Is your Property in Floodplain Zone? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Are Wetlands Present? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	<input checked="" type="checkbox"/> Is Property/Land within 1000 feet of Lake, Pond or Flowage If yes---continue →	Distance Structure is from Shoreline : _____ feet		
<input type="checkbox"/> Non-Shoreland				

Value at Time of Completion * include donated time & material \$ 182,100	<input type="checkbox"/> New Construction	<input type="checkbox"/> 1-Story	<input type="checkbox"/> Basement	Total # of bedrooms on property <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> 3 <input type="checkbox"/> None	What Type of Sewer/Sanitary System(s) Is on the property or Will be on the property? <input type="checkbox"/> Municipal/City <input type="checkbox"/> (New) Sanitary Specify Type: _____ <input checked="" type="checkbox"/> Sanitary (Exists) Specify Type: HOLDING TANK <input type="checkbox"/> Privy (Pit) or <input type="checkbox"/> Vaulted (min 200 gallon) <input type="checkbox"/> Portable (w/service contract) <input type="checkbox"/> Compost Toilet <input type="checkbox"/> None	Type of Water on property <input checked="" type="checkbox"/> City <input type="checkbox"/> Well
	<input type="checkbox"/> Addition/Alteration	<input type="checkbox"/> 1-Story + Loft	<input type="checkbox"/> Foundation			
	<input type="checkbox"/> Conversion	<input type="checkbox"/> 2-Story	<input type="checkbox"/> Slab			
	<input type="checkbox"/> Relocate (existing bldg)					
	<input type="checkbox"/> Run a Business on Property		Use <input type="checkbox"/> Year Round			
	<input checked="" type="checkbox"/> LAND (PROPERTY)	NA	<input type="checkbox"/> NA			

Existing Structure: (if addition, alteration or business is being applied for)	Length:	Width:	Height:
Proposed Construction: (overall dimensions) RIP RAP	Length: 100'	Width:	Height: 7'

Proposed Use	✓	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/> Residential Use	<input type="checkbox"/>	Principal Structure (first structure on property)	(X)	
	<input type="checkbox"/>	Residence (i.e. cabin, hunting shack, etc.)	(X)	
		with Loft	(X)	
		with a Porch	(X)	
		with (2nd) Porch	(X)	
<input type="checkbox"/> Commercial Use		with a Deck	(X)	
		with (2nd) Deck	(X)	
		with Attached Garage	(X)	
<input type="checkbox"/> Municipal Use	<input type="checkbox"/>	Bunkhouse w/ (<input type="checkbox"/> sanitary, or <input type="checkbox"/> sleeping quarters, or <input type="checkbox"/> cooking & food prep facilities)	(X)	
	<input type="checkbox"/>	Mobile Home (manufactured date) _____	(X)	
	<input type="checkbox"/>	Addition/Alteration (explain) _____	(X)	
	<input type="checkbox"/>	Accessory Building (explain) _____	(X)	
	<input type="checkbox"/>	Accessory Building Addition/Alteration (explain) _____	(X)	
	<input checked="" type="checkbox"/>	Special Use: (explain) PLACEMENT OF RIP RAP OVER GEO. FABRIC	(100' X 7')	700
	<input type="checkbox"/>	Conditional Use: (explain) _____	(X)	
	Other: (explain) _____	(X)		

FAILURE TO OBTAIN A PERMIT OR STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES
I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owner(s): Robert G Syromberg Patricia A Syromberg
(If there are Multiple Owners listed on the Deed ALL Owners must sign or letter(s) of authorization must accompany this application)

Date 11/12/2020

Authorized Agent: _____
(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Date _____

Address to send permit ASHLAND CONSTRUCTION, 1721 WEST 3RD ST. - ASHLAND, WI 54806

Attach
Copy of Tax Statement

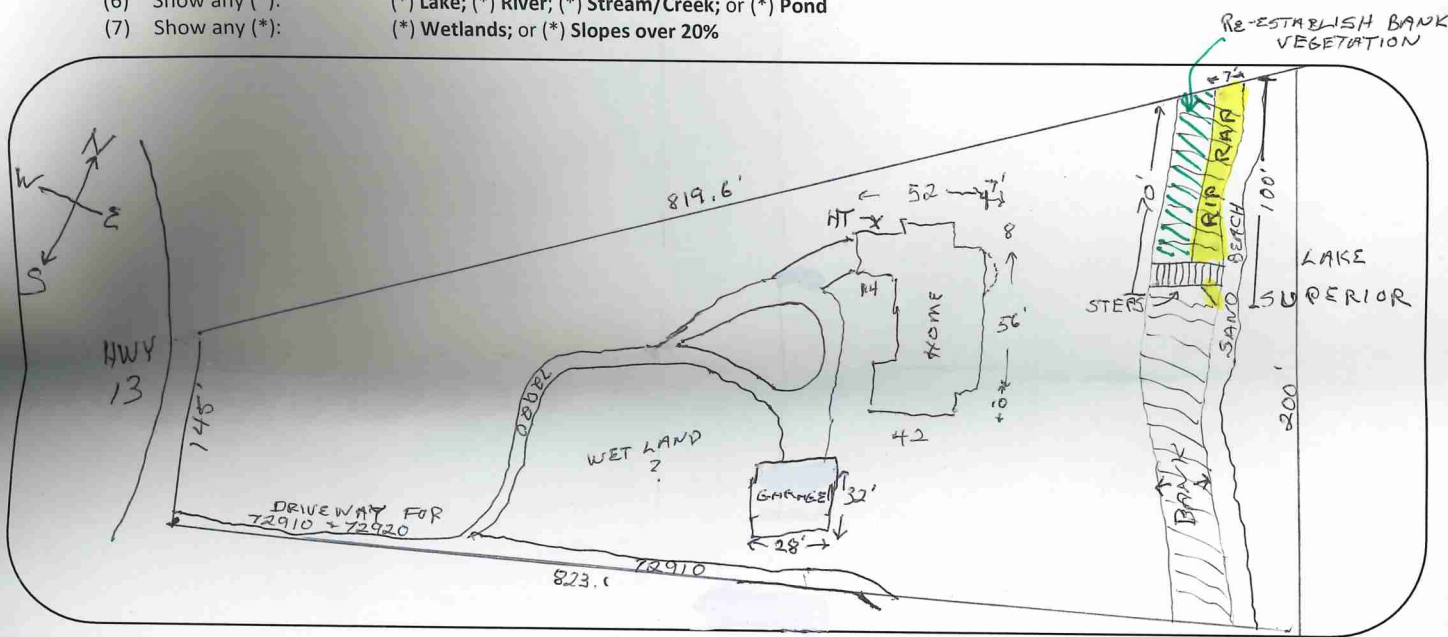
If you recently purchased the property send your Recorded Deed

Original Application MUST be submitted

Box below: **Draw or Sketch your Property** (regardless of what you are applying for)

Fill Out in Ink – **NO PENCIL**

- (1) Show Location of: **Proposed Construction**
- (2) Show / Indicate: **North (N) on Plot Plan**
- (3) Show Location of (*): **(*) Driveway and (*) Frontage Road (Name Frontage Road)**
- (4) Show: **All Existing Structures on your Property**
- (5) Show: **(*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P)**
- (6) Show any (*): **(*) Lake; (*) River; (*) Stream/Creek; or (*) Pond**
- (7) Show any (*): **(*) Wetlands; or (*) Slopes over 20%**



Please complete (1) – (7) above (prior to continuing)

Changes in plans must be approved by the Planning & Zoning Dept.

(8) **Setbacks:** (measured to the closest point)

Description	Setback Measurements	Description	Setback Measurements
Setback from the Centerline of Platted Road	830 Feet	Setback from the Lake (ordinary high-water mark)	0 Feet
Setback from the Established Right-of-Way	780 Feet	Setback from the River, Stream, Creek	0 Feet
Setback from the North Lot Line	0 Feet	Setback from the Bank or Bluff	0 Feet
Setback from the South Lot Line	100 Feet	Setback from Wetland (LAKE S.)	0 Feet
Setback from the West Lot Line	780 Feet	20% Slope Area on the property (BANK)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Setback from the East Lot Line	0 Feet	Elevation of Floodplain	0 Feet
Setback to Septic Tank or Holding Tank	150 Feet	Setback to Well	160 Feet
Setback to Drain Field	0 Feet		
Setback to Privy (Portable, Composting)	0 Feet		

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

(9) **Stake or Mark Proposed Location(s)** of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.

For the Construction Of New One & Two Family Dwelling: **ALL Municipalities Are Required To Enforce The Uniform Dwelling Code.**

The local Town, Village, City, State or Federal agencies may also require permits.

You are responsible for complying with state and federal laws concerning construction near or on wetlands, lakes, and streams. Wetlands that are not associated with open water can be difficult to identify. Failure to comply may result in removal or modification of construction that violates the law or other penalties or costs. For more information, visit the department of natural resources wetlands identification web page or contact a department of natural resources service center (715) 685-2900.

Issuance Information (County Use Only)		Sanitary Number:	# of bedrooms:	Sanitary Date:
Permit Denied (Date):		Reason for Denial:		
Permit #: 20-0342		Permit Date: 12-22-20		
Is Parcel a Sub-Standard Lot	<input type="checkbox"/> Yes (Deed of Record)	<input type="checkbox"/> No	Mitigation Required	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is Parcel in Common Ownership	<input type="checkbox"/> Yes (Fused/Contiguous Lot(s))	<input type="checkbox"/> No	Mitigation Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is Structure Non-Conforming	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Affidavit Required	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Granted by Variance (B.O.A.)		Previously Granted by Variance (B.O.A.)		
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Case #:		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Case #:		
Was Parcel Legally Created	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Were Property Lines Represented by Owner	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Was Property Surveyed
Was Proposed Building Site Delineated	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Inspection Record: Rip rap project on failing bank.			Zoning District (R1)	
Date of Inspection: 12-11-20			Lakes Classification (1)	
Inspected by: Todd Norwood			Date of Re-Inspection:	
Condition(s): Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No – (If No they need to be attached.)				
Disturbance should be kept to the minimum area required to complete project. Revegetate non-rip rap areas following project completion.				
Signature of Inspector: Todd Norwood			Date of Approval: 12-16-20	
Hold For Sanitary: <input type="checkbox"/>	Hold For TBA: <input type="checkbox"/>	Hold For Affidavit: <input type="checkbox"/>	Hold For Fees: <input type="checkbox"/>	<input type="checkbox"/>

City, Village, State or Federal
May Also Be Required

USE – **X**
SANITARY –
SIGN –
SPECIAL –
CONDITIONAL –
BOA –

BAYFIELD COUNTY

PERMIT

WEATHERIZE AND POST THIS PERMIT
ON THE PREMISES DURING CONSTRUCTION

No. **20-0342** Issued To: **Robert Stromberg Et Al**

Location: - $\frac{1}{4}$ of - $\frac{1}{4}$ Section **19** Township **48** N. Range **4** W. Town of **Barksdale**

Par in
Gov't Lot **1** Lot Block Subdivision CSM#

For: **Residential Other: [Shoreland Grading (100' x 7') = 700 sq. ft.]**

(Disclaimer): Any future expansions or development would require additional permitting.

Condition(s): Disturbance should be kept to the minimum area required to complete project. Revegetate non-riprap area following project completion.

You are responsible for complying with state and federal laws concerning construction near or on wetlands, lakes, and streams. Wetlands that are not associated with open water can be difficult to identify. Failure to comply may result in removal or modification of construction that violates the law or other penalties or costs. For more information, visit the department of natural resources wetlands identification web page or contact a department of natural resources service center (715) 685-2900.

NOTE: This permit expires one year from date of issuance if the authorized construction work or work or land use has not begun.

Changes in plans or specifications shall not be made without obtaining approval. This permit may be void or revoked if any of the application information is found to have been misrepresented, erroneous, or incomplete.

This permit may be void or revoked if any performance conditions are not completed

or if any prohibitory conditions are violated.

Todd Norwood

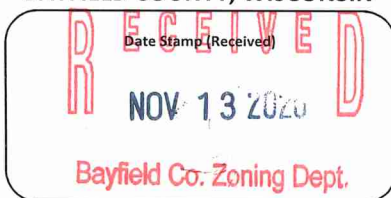
Authorized Issuing Official

December 22, 2020

Date

SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:
 Bayfield County
 Planning and Zoning Depart.
 PO Box 58
 Washburn, WI 54891
 (715) 373-6138

APPLICATION FOR PERMIT
 BAYFIELD COUNTY, WISCONSIN



Permit #:	20-0344
Date:	12-22-20
Amount Paid:	\$175 11-13-20
Refund:	

INSTRUCTIONS: No permits will be issued until all fees are paid.
 Checks are made payable to: Bayfield County Zoning Department.

DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

Original Application MUST be submitted

FILL OUT IN INK (NO PENCIL)

TYPE OF PERMIT REQUESTED →		<input type="checkbox"/> LAND USE		<input type="checkbox"/> SANITARY		<input type="checkbox"/> PRIVY		<input type="checkbox"/> CONDITIONAL USE		<input checked="" type="checkbox"/> SPECIAL USE		<input type="checkbox"/> B.O.A.		<input type="checkbox"/> OTHER	
Owner's Name: WILLIAM J LINDA GETTS				Mailing Address: 12910 ST. HWY 13				City/State/Zip: ASHLAND WI 54806				Telephone: 612-832-1247			
Address of Property: 12910 STATE HIGHWAY 13				City/State/Zip: ASHLAND WI 54806								Cell Phone: 612-245-3682			
Contractor: ASHLAND CONSTRUCTION				Contractor Phone: 715-682-4884				Plumber:				Plumber Phone:			
Authorized Agent: (Person Signing Application on behalf of Owner(s))				Agent Phone:				Agent Mailing Address (include City/State/Zip):				Written Authorization Attached <input type="checkbox"/> Yes <input type="checkbox"/> No			
PROJECT LOCATION		Legal Description: (Use Tax Statement)		Tax ID# 92		Recorded Document: (Showing Ownership) 2011 R 541614									
1/4, 1/4		Gov't Lot 1		Lot(s)		CSM		Vol & Page		CSM Doc #		Lot(s) #		Block #	
Section 19		Township 48		N, Range 4		W		Town of: BARDALE		Lot Size		Acreage 3.37			

<input checked="" type="checkbox"/> Shoreland →	<input checked="" type="checkbox"/> Is Property/Land within 300 feet of River, Stream (incl. Intermittent) Creek or Landward side of Floodplain? If yes---continue →	Distance Structure is from Shoreline : 0 feet	Is your Property in Floodplain Zone? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Are Wetlands Present? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	<input type="checkbox"/> Is Property/Land within 1000 feet of Lake, Pond or Flowage If yes---continue →	Distance Structure is from Shoreline : feet		
<input type="checkbox"/> Non-Shoreland				

Value at Time of Completion * include donated time & material	Project	Project # of Stories	Project Foundation	Total # of bedrooms on property	What Type of Sewer/Sanitary System(s) Is on the property or Will be on the property?	Type of Water on property
\$20000	<input type="checkbox"/> New Construction	<input type="checkbox"/> 1-Story	<input type="checkbox"/> Basement	<input type="checkbox"/> 1	<input type="checkbox"/> Municipal/City	<input checked="" type="checkbox"/> City
	<input type="checkbox"/> Addition/Alteration	<input type="checkbox"/> 1-Story + Loft	<input type="checkbox"/> Foundation	<input type="checkbox"/> 2	<input type="checkbox"/> (New) Sanitary Specify Type:	<input type="checkbox"/> Well
	<input type="checkbox"/> Conversion	<input type="checkbox"/> 2-Story	<input type="checkbox"/> Slab	<input checked="" type="checkbox"/> 3	<input type="checkbox"/> Sanitary (Exists) Specify Type: MOUND SYSTEM	<input type="checkbox"/>
	<input type="checkbox"/> Relocate (existing bldg)			<input type="checkbox"/>	<input type="checkbox"/> Privy (Pit) or <input type="checkbox"/> Vaulted (min 200 gallon)	
	<input type="checkbox"/> Run a Business on Property		Use	<input type="checkbox"/> None	<input type="checkbox"/> Portable (w/service contract)	
	<input checked="" type="checkbox"/> SHORELINE RESTORATION		<input type="checkbox"/> Year Round		<input type="checkbox"/> Compost Toilet	
				<input type="checkbox"/> None		

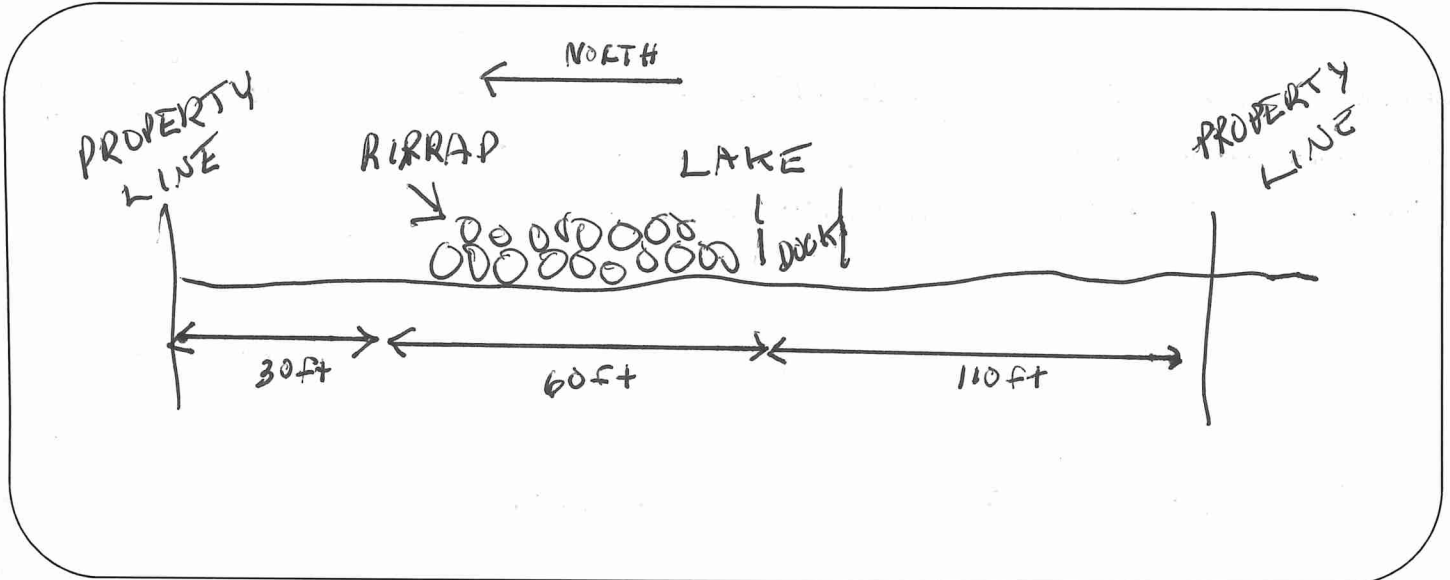
Existing Structure: (if addition, alteration or business is being applied for)	Length:	Width:	Height:
Proposed Construction: (overall dimensions)	Length: 66	Width: 7	Height: 0

Proposed Use	✓	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/> Residential Use	<input type="checkbox"/>	Principal Structure (first structure on property)	(X)	
	<input type="checkbox"/>	Residence (i.e. cabin, hunting shack, etc.)	(X)	
		with Loft	(X)	
		with a Porch	(X)	
		with (2nd) Porch	(X)	
		with a Deck	(X)	
<input type="checkbox"/> Commercial Use		with (2nd) Deck	(X)	
		with Attached Garage	(X)	
<input type="checkbox"/> Municipal Use	<input type="checkbox"/>	Bunkhouse w/ (<input type="checkbox"/> sanitary, or <input type="checkbox"/> sleeping quarters, or <input type="checkbox"/> cooking & food prep facilities)	(X)	
	<input type="checkbox"/>	Mobile Home (manufactured date)	(X)	
	<input type="checkbox"/>	Addition/Alteration (explain)	(X)	
	<input type="checkbox"/>	Accessory Building (explain)	(X)	

Draw or Sketch your Property (regardless of what you are applying for)

Fill Out in Ink – NO PENCIL

- (1) Show Location of: Proposed Construction
- (2) Show / Indicate: North (N) on Plot Plan
- (3) Show Location of (*): (*) Driveway and (*) Frontage Road (Name Frontage Road)
- (4) Show: All Existing Structures on your Property
- (5) Show: (*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P)
- (6) Show any (*): (*) Lake; (*) River; (*) Stream/Creek; or (*) Pond
- (7) Show any (*): (*) Wetlands; or (*) Slopes over 20%



Please complete (1) – (7) above (prior to continuing)

Changes in plans must be approved by the Planning & Zoning Dept.

- (8) Setbacks: (measured to the closest point)

Description	Setback Measurements	Description	Setback Measurements
Setback from the Centerline of Platted Road	892 Feet	Setback from the Lake (ordinary high-water mark)	0 Feet
Setback from the Established Right-of-Way	840 Feet	Setback from the River, Stream, Creek	Feet
		Setback from the Bank or Bluff	Feet
Setback from the North Lot Line	30 Feet		
Setback from the South Lot Line	110 Feet	Setback from Wetland	Feet
Setback from the West Lot Line	840 Feet	20% Slope Area on the property	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Setback from the East Lot Line	0 Feet	Elevation of Floodplain	Feet
Setback to Septic Tank or Holding Tank	100 Feet	Setback to Well	120 Feet
Setback to Drain Field	Feet		
Setback to Privy (Portable, Composting)	Feet		

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

- (9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.
For the Construction Of New One & Two Family Dwelling: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code.
The local Town, Village, City, State or Federal agencies may also require permits.

You are responsible for complying with state and federal laws concerning construction near or on wetlands, lakes, and streams. Wetlands that are not associated with open water can be difficult to identify. Failure to comply may result in removal or modification of construction that violates the law or other penalties or costs. For more information, visit the department of natural resources wetlands identification web page or contact a department of natural resources service center (715) 685-2900.

Issuance Information (County Use Only)		Sanitary Number:	# of bedrooms:	Sanitary Date:	
Permit Denied (Date):		Reason for Denial:			
Permit #: 20-0344		Permit Date: 12-22-20			
Is Parcel a Sub-Standard Lot	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	(Deed of Record)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Mitigation Required	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is Parcel in Common Ownership	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	(Fused/Contiguous Lot(s))	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Mitigation Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is Structure Non-Conforming	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Affidavit Required	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Granted by Variance (B.O.A.)		Previously Granted by Variance (B.O.A.)			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Case #:		Case #:			
Was Parcel Legally Created	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Were Property Lines Represented by Owner	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Was Property Surveyed	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Was Proposed Building Site Delineated	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
Inspection Record: Rip rap project on failing bank.				Zoning District (R1)	
				Lakes Classification (1)	
Date of Inspection: 12-11-20		Inspected by: Todd Norwood		Date of Re-Inspection:	
Condition(s): Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No – (If No they need to be attached.)					
Disturbance should be kept to the minimum area required to complete project. Revegetate non-rip rap areas following completion.					
Signature of Inspector: Todd Norwood				Date of Approval: 12-16-20	
Hold For Sanitary: <input type="checkbox"/>	Hold For TBA: <input type="checkbox"/>	Hold For Affidavit: <input type="checkbox"/>	Hold For Fees: <input type="checkbox"/>	<input type="checkbox"/>	

City, Village, State or Federal
Permits May Also Be Required

LAND USE – **X**
SANITARY –
SIGN –
SPECIAL – **Class A**
CONDITIONAL –
BOA –

BAYFIELD COUNTY

PERMIT

WEATHERIZE AND POST THIS PERMIT
ON THE PREMISES DURING CONSTRUCTION

No. **20-0344** Issued To: **William Getts**

Location: - $\frac{1}{4}$ of - $\frac{1}{4}$ Section **19** Township **48** N. Range **4** W. Town of **Barksdale**

Par in
Gov't Lot **1** Lot Block Subdivision CSM#

For: Residential Other: [**Shoreland Grading (7' x 60') = 420 sq. ft.]**

(Disclaimer): Any future expansions or development would require additional permitting.

Condition(s): **Disturbance should be kept to the minimum area required to complete project. Revegetate non rip rap areas following completion.**

You are responsible for complying with state and federal laws concerning construction near or on wetlands, lakes, and streams. Wetlands that are not associated with open water can be difficult to identify. Failure to comply may result in removal or modification of construction that violates the law or other penalties or costs. For more information, visit the department of natural resources wetlands identification web page or contact a department of natural resources service center (715) 685-2900.

NOTE: This permit expires one year from date of issuance if the authorized construction work or work or land use has not begun.

Changes in plans or specifications shall not be made without obtaining approval. This permit may be void or revoked if any of the application information is found to have been misrepresented, erroneous, or incomplete.

This permit may be void or revoked if any performance conditions are not completed

or if any prohibitory conditions are violated.

Todd Norwood

Authorized Issuing Official

December 22, 2020

Date

**Town, City, Village, State or Federal
Permits May Also Be Required**

LAND USE - X

SANITARY - 19-149S

SIGN -

SPECIAL - NA

CONDITIONAL -

BOA -

BAYFIELD COUNTY

PERMIT

**WEATHERIZE AND POST THIS PERMIT
ON THE PREMISES DURING CONSTRUCTION**

No: 12052001-2020

Tax ID: 45

Issued To: JAMIE L & ABIGAIL P KLEMA

Location: GOVT LOT 4 W OF RR IN
V.1126 P.262 LESS 1.5A RR; V.230 P.560
26

Section 07

Township 48 N.

Range 04 W.

BARKSDALE

Govt Lot 0

Lot

Block

Subdivision:

CSM#

For: Commercial / Accessory Structure / 60L x 21W x 12H

Condition(s): Structure not for human habitation/sleeping purposes. Must meet and maintain setbacks.

NOTE: This permit expires one year from date of issuance if the authorized construction work or land use has not begun.

Changes in plans or specifications shall not be made without obtaining approval. This permit may be void or revoked if any of the application information is found to have been misrepresented, erroneous, or incomplete.

This permit may be void or revoked if any performance conditions are not completed or if any conditions are violated.

Todd Norwood

Authorized Issuing Official

Tue Dec 22 2020

Date